

**APPLICATION FORM:  
For Insurance Pre-Approval  
California Department of Transportation**



Contractor Name: \_\_\_\_\_

Address (Street/City/State/Zip): \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Requested By: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

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**Please answer the following questions to assist Office of Risk Management with your request:**

- (1) Requesting pre-approval on projects with construction value: \_\_\_\_\_ \$1,000,000 or Less  
\_\_\_\_\_ \$5,000,000 and Less  
\_\_\_\_\_ \$25,000,000 and Less  
\_\_\_\_\_ Greater than \$25,000,000
- (2) Expiration dates of required insurance coverages: \_\_\_\_\_ General Liability  
\_\_\_\_\_ Excess/Umbrella Liability  
\_\_\_\_\_ Automobile Liability  
\_\_\_\_\_ Workers' Compensation  
\_\_\_\_\_ Other
- (3) Office address to send certificate of pre-approved insurance (if different than above): \_\_\_\_\_

\_\_\_\_\_

**IMPORTANT NOTE: Be sure to submit all required insurance documentation including a copy of your general liability, umbrella or excess liability policy, and certificate of insurance evidencing automobile liability and workers' compensation in a CD-ROM format to:**

Pre-Approved Insurance Request  
Office of Risk Management  
Division of Construction  
California Department of Transportation  
1120 N Street, MS 44  
Sacramento, CA 95814-5605

For more information, contact Cathy Zmuda, Office of Risk Management at (916) 654-5889.